



## Health Services Coordinator (HSC) Toolkit Glossary of Workers' Compensation Terms

**Accident fund** — Money reserved to pay benefits to injured workers for temporary disabilities (time-loss compensation), permanent partial or total disabilities, death, pension, vocational retraining and pre-job accommodations. The fund is financed solely through employer premiums. (See RCW 51.44.010.)

**Affirm** — To confirm or uphold as correct. To affirm a judgment or order is to declare that it is valid and right and must stand as issued.

**Affirming order** — An appealable order indicating that a previous decision was correct. This order must be appealed directly to the Board of Industrial Insurance Appeals. (See RCW 51.52.060.)

**Allow** — The approval of a claim.

**Alternate recipient** — A legal guardian or custodian of an injured worker's dependent who receives a portion of the allowable disability benefits. Also, a lien holder, such as the Division of Child Support and/or DSHS, who has been authorized by law to recover money from the worker. (See RCW 51.32.010.)

**Appeal** — An application to a higher court or authority, such as the Board of Industrial Insurance Appeals, to correct a perceived injustice or error. Employers, beneficiaries, health service providers and workers have the right to appeal department decisions. (See RCW 51.52.060.)

**Assistant attorney general (AAG)** — State attorneys who are the official advisors of state agencies on all legal matters. The L&I Division of the AAG's office represents the department at the Board of Industrial Insurance Appeals and in the courts.

**Attending Provider** — The primary provider treating an injured worker. Attending provider has become an umbrella term covering both people licensed as physicians, physician assistants, ARNPs, and people licensed as doctors, such as chiropractors and naturopaths.

**Carpal tunnel syndrome** — A condition resulting from compression of the median nerve in the carpal tunnel (wrist) with pain and burning or tingling numbness in the fingers and hand, sometimes extending to the elbow.

**Causal relationship** — A cause and effect relationship between an event and a diagnosed injury or disease.

**Certified** — (certification) Confirmation by an attending doctor that a worker is unable to work as a result of the covered industrial injury. For example, certification for payment of time-loss compensation.

**Chargeable employer** — An employer who is responsible for all or part of the claim charges.

**Claim** — A written request for and an assertion of the right to compensation for occupational injury or disease under the Industrial Insurance Act.



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**Compensable** — Any claim that is expected to result in compensation payments out of the Accident Fund.

**Contention** — An unproven assertion. For example, a worker may contend entitlement to time-loss compensation benefits as a result of a covered industrial injury or disease.

**Course of employment** — Acting at the direction of the employer or furthering the employer's business. (See RCW 51.08.013.)

**Curative** — Recommended treatment implemented with the intent to cure the disease/injury, bring about measurable improvement, or restore the worker back to health.

**Date of manifestation** — In occupational diseases, "the date the disease required medical treatment or became totally or partially disabling, whichever occurred first, without regard to the date of the contraction of the disease or the date of filing the claim." (See WAC 296-14-350, #3.)

**Determinative** — An order that contains protest and/or appeal language. Determinative orders become final and binding 60 days after they are communicated to the parties unless a written protest or appeal is received.

**Diagnosis code** — An internationally accepted code describing a medical condition.

**Discretionary** — Department decisions where the department has the freedom to choose the most reasonable course of action. (For example, vocational retraining services are a discretionary benefit.)

**Disease-based disability** — An occupational disease which is an aggravation of a pre-existing condition. This term was coined in the case of Dennis v. the Dept. of L&I. (See Appendix D to read a summary of that case.)

**Dispute** — Disagreement with an employability determination or approval or denial of a formal vocational retraining plan. The dispute must be in writing, include reasons for the request and be sent to the director of L&I within 15 calendar days from the date the worker or employer receives the department's initial decision. (See WAC 296-18A-470.)

**Dormant** — Inactive or asymptomatic. Latent but capable of being activated.

**Early intervention** — Vocational services provided in an effort to return the worker to employment with the former or current employer. The focus is on return to work rather than simply assessing employability.

**Entitlement** — To be given a right to benefits.



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**Ergonomics** — The scientific study of human work. Ergonomics considers the physical and mental capabilities and limits of the worker as he or she interacts with tools, equipment, work methods, tasks and the working environment. A goal of ergonomics is to reduce work-related musculoskeletal disorders by adapting the work to fit the person, instead of forcing the person to adapt to the work. (See L&I's Fitting the Job to the Worker: An Ergonomics Program Guideline.)

**Experience period** — The period of time from which claims are taken for experience rating.

**Experience rating** — A method of adjusting an employer's industrial insurance premium to reflect the actual claims experience of his or her account. The actual claims experience is represented by the actual and/or reserve claim costs and exposure hours. (See WAC 296-17-850 and 296-17-855.)

**Gainful employment** — Any job that pays at least minimum wage, conforms to the work pattern of the worker and is available on a reasonably continuous basis, to include self-employment at a livable income. State or federal minimum wage is to be used as the minimum acceptable level of compensation, whichever is higher. (See WAC 296-18A-420, #2.)

**Independent medical examination** — A medical examination requested by the department or a self-insured employer to establish medical facts about the worker's physical condition. (Also called "special examinations" or "panel examinations.")

**Industrial accident** — An unexpected happening arising in the course of employment that results in damage to an artificial limb, eye or tooth, such as a prosthesis. No physical injury occurs to the worker. (See RCW 51.36.020, WAC 296-20-1101 and WAC 296-20-100.)

**Industrial injury** — See injury.

**Injury** — "...a sudden and tangible happening, of a traumatic nature, producing an immediate or prompt result, and occurring from without, and such physical conditions as result therefrom." (See RCW 51.08.100.)

**Interlocutory** — A temporary or provisional order that is non-determinative and non-binding. Typically these are used in an order of payment for time-loss compensation.

**Job analyses (JA)** — The gathering, evaluating and recording of accurate, objective and complete job data. Job analysis identifies and describes, in a systematic, comprehensive and succinct manner: a) What the worker does in terms of activities or function; b) How the work is done (the methods, techniques or processes involved and the work devices used); c) Results of the work (the goods produced, services rendered or materials used); d) Worker characteristics (skills, knowledge, abilities and adaptations needed to accomplish the tasks involved); e) Context of the work in terms of environmental and organizational factors; and f) The nature of the worker's discretion, responsibility or accountability.



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**Jurisdiction** — Subject matter jurisdiction means the area of authority where a court or agency has authority to adjudicate about the subject matter in a given case. Personal jurisdiction means the court has the power to hold the parties to its decision.

**Kept on salary** — (KOS) When a liable employer continues to pay a worker full wages and benefits (including housing, board, fuel, and health care benefits) during a period of disability. Per RCW 51.32.090(6), the employer can't use the worker's holiday pay, vacation pay, sick leave or other similar benefits as KOS.

**Legal order** — See notice of decision.

**Liable insurer** — The Title 51 insurer at risk at the time of the injury or last injurious exposure to the substance or hazard causing the disease. This could be State Fund or Self-Insurance. (See WAC 296-14-350, #1.)

**Loss of earning power (LEP)** - A percentage of regular time-loss compensation paid for wages lost when workers earn at least 5 percent less than their pre-injury wages. Workers may be eligible for LEP while they are doing light-duty or modified work or are enrolled in an approved vocational program.

**Medical aid fund** — Money reserved to pay an injured worker's medical treatment costs. The fund is supported by medical aid premiums remitted by employers. Employers may withhold half of this premium from their employees' wages, thus both employer and worker contribute equally to the fund. (See RCW 51.44.020, 51.16.140 and Chapter 51.36.)

**Encoder** — A department staff person whose job is to assist in identifying the correct ICD-9 codes for claims filed without codes or with inaccurate codes. The encoder enters these codes on the LINIIS AUTH screen.

**Multiple employer claims** — Claims where more than one employer is responsible for the worker's exposure that gave rise to the occupational disease.

**Non-compensable** — Any claim that results in payment for medical treatment only, with no Accident Fund benefits payable. Benefits are paid out of the Medical Aid Fund.

**Notice of decision** — Written communication to workers, employers and providers giving notice of official department decisions and actions. (Also referred to as an order, legal order or order and notice.)

**Occupational disease** — "...such disease as arises naturally and proximately out of employment under the mandatory or elective adoption provisions of this title." (See RCW 51.08.140.)



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**Occupational Health Management System (OHMS)** — Computer system that supports work in best practices, particularly care coordination.

**Optional coverage** — Coverage for corporate officers, owners or partners not required by law to be covered by L&I. This insurance is provided as an option only.

**Order** — See notice of decision

**OSHA** — Occupational Safety and Health Administration. The federal agency that develops, regulates and monitors workplace standards and conditions to protect employees from hazardous health and safety conditions.

**“Over-7” reopening application** — An application submitted by a worker or doctor to reopen a claim seven years after the date the original claim’s first closure became final. For claims involving loss of vision or eye function, the time period is ten years after the date the original claim’s first closure became final.

**Palliative** — Treatment that temporarily alleviates current symptoms, discomfort and/or complaints, but does not resolve or cure the underlying cause. (See “medically necessary” in WAC 296-20-01002.)

**Permanent partial disability (PPD)** — A condition that results from the permanent loss of a body part or a lasting impairment (loss of function) that has been deemed unlikely to improve. (See RCW 51.08.150 and RCW 51.32.080.)

**Pre-existing condition** — A medical condition that existed prior to the industrial injury or occupational disease.

**Pre-existing impairment** — An impairment that was present before the industrial injury or occupational disease. (Also referred to as pre-existing disability.)

**Premiums** — The amount an employer must pay to insure a worker. The premiums are based on the worker’s hours. The industrial insurance premium is paid entirely by the employer and is experience-rated. (See WAC 296-17-320.)

**Prima facie case** — The presentation of evidence which, if not contradicted, is sufficient to determine an outcome in the worker’s favor. (A legal term.)

**Priority claims** — Those claims identified by the Claims Initiation staff as being potentially compensable.

**Protest** — A written disagreement of a department decision by the worker, employer or doctor. Protests must be received in the department within 60 days of the date the department decision is communicated to the parties. A protest may result in a decision being either changed or affirmed. If a



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decision is affirmed, the protesting party may appeal in writing to the Board of Industrial Insurance Appeals. (See RCW 51.52.050.)

**Provider** — Any authorized vendor whose services are provided to a worker and are payable by the department. Providers range from physicians to hospitals to taxicab companies and more.

**Reassumption of jurisdiction** — Where an appeal filed with the Board of Industrial Insurance Appeals is reassumed (taken back) by the department for another review. (See RCW 51.52.060.)

**Reciprocal agreement** — An agreement between two states that allows employers and workers from each state to continue coverage under the workers' compensation laws and benefits of their home states.

**Reject** — The denial of a claim that either does not meet the criteria for a valid claim or is a duplicate of a previously filed claim.

**Repetitive trauma** — The repetition of a stereotyped movement that may result in conditions such as tendonitis or nerve entrapment. (Also called repetitive motion injury or cumulative trauma disorder.)

**Retraining plan** — A short-term training program of 52 weeks or less in which the worker learns new skills to qualify for a specific job that is different from the one held at injury or prior to injury. (See RCW 51.32.095 and WAC 296-18A-450.)

**Retrospective rating** — An optional program available to employers that allows them to forecast expected claim losses and have their premiums retrospectively adjusted to meet actual injury costs. The result may be a refund on previous payments or additional charges if losses were greater than forecast.

**Review date** — The next date the claims manager is planning to review the claim and take necessary action. (Also known as a "tickle.")

**Risk classification** — A way to categorize employers based on the potential risks that their workers face. The classification determines the base for the employer's industrial insurance premium rates which are multiplied by the employer's experience rating. (See WAC 296-17-320 and RCW 51.16.035.)

**Segregate** — To separate responsibility for conditions unrelated to the accepted injury or disease.

**Self-insurance section** — The section of the department that regulates companies and government units that use their own resources to insure workers, rather than participating in the State Fund. (See RCW 51.08.173 and Chapter 51.14.)

**Self-insured employer** — Employer or group of employers who has been authorized by the state to carry its own workers' compensation insurance.





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**State fund** — Money reserved for industrial insurance, sustained solely through premiums, and administered through the department as an insurance program covering all non-self-insured employers in the state. (See RCW 51.08.175.)

**Statutory authority** — The power delegated to the department by the legislature in statute. (Also used to denote a judicial or legislative precedent [case or statute] that determines the outcome of a decision.)

**Supplemental pension fund** — An employer-contributed fund from which cost of living adjustments for claims are paid. (See RCW 51.44.033.)

**Temporary total disability (TTD)** — A condition in which the worker is unable to return to any type of continuous gainful employment due to an occupational injury or disease. Also, a term used to refer to time-loss benefits. (See RCW 51.32.090.)

**Third-party recovery** — Recovery of claim and medical treatment expenses from an accident caused by a responsible third party. The third party can be a defective product or a person other than the employer or a co-worker. (See RCW Chapter 51.24.)

**Tickler** — A follow-up system that serves as a reminder of some action that should be taken. Ticklers are required in all claims that do not have a close date (future or past).

**Time-loss compensation** — Payment made to a worker to partially and temporarily replace wages lost while he or she cannot return to the job after a work-related injury or disease. (Also known as total temporary disability benefits, TTD or time-loss payments).

**Total permanent disability (TPD)** — Condition resulting from a non-fatal injury or disease that permanently and completely incapacitates a worker, preventing him or her from ever performing any gainful employment. The condition is not established until after the worker has reached maximum medical improvement and can no longer progress through vocational rehabilitation. (Also known as pension.) (See RCW 51.08.160.)

**Unregistered employer** — A firm that has not registered with the Washington Department of Labor and Industries to cover its workers for industrial insurance.

**Utilization review** — “The assessment of a worker’s medical care to assure that it is medically necessary and of good quality. This assessment typically considers the appropriateness of the place of care, level of care, and the duration, frequency or quantity of services provided in relation to the accepted condition being treated.” (See WAC 296-20-01002.)

**Vocational services consultants** — A person who conducts evaluation and review of services provided for workers in accordance with L&I rules, regulations and contracts; or performs non-case management



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vocational services duties, consulting with employers for modified duty/return-to-work programs. (Also called vocational consultants.)

**Warrant** — A draft or check from the department.

**WSAW — Washington Stay at Work.** Department program to assist employers to help injured workers stay on the job after an injury.

**WISHA — Washington Industrial Safety and Health Act.** A federally approved state plan that requires that employers comply with specific record keeping and reporting requirements. Records are used to develop a database about occupational accidents and illnesses. Employers who comply with WISHA are exempt from OSHA requirements since the state requirements are equal to or more stringent than those at the federal level.